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## OLR Bill Analysis

sHB 5348 (as amended by House "A" and "B")\*

***AN ACT CONCERNING THE ADMINISTRATION OF MEDICINE TO STUDENTS WITH DIABETES, THE DUTIES OF SCHOOL MEDICAL ADVISORS, THE INCLUSION OF CPR AND AED TRAINING IN THE PUBLIC SCHOOL CURRICULUM AND PHYSICAL EXERCISE DURING THE SCHOOL DAY.***

### **SUMMARY:**

This bill allows a qualified school employee selected by the school nurse or principal to administer an emergency glucagon injection to a student with diabetes, under certain conditions. The school nurse or principal must have a written authorization from the student's parents and a written order from the student's Connecticut-licensed physician. The selected employee must be a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school board, coach, or school paraprofessional.

Current law already allows a principal or teacher, along with other specified school personnel, to give any student medication in the absence of the school nurse, with the written authority of the student's parents and according to a written order from a specified health practitioner. In addition, under current law, an identified school paraprofessional may give medicine to a specific student who has a medically diagnosed allergy that may require prompt treatment to protect the student from serious harm or death.

The bill extends required educational guidelines for school districts in how to manage students with life-threatening allergies to also cover students with glycogen storage disease. It requires the State Department of Education (SDE) and the Department of Public Health (DPH) to issue the new guidelines by July 1, 2012, and school districts to develop individualized health care and glycogen storage disease action plans for their students with the disease by August 15, 2012. The

plans must allow parents or guardians of students with the disease, or those they designate, to administer food or dietary supplements to their children with the disease on school grounds during the school day. The bill immunizes towns, school districts, and school employees from damage claims resulting from these actions.

The bill also:

1. bars a school district from restricting the time or place where a student with diabetes may test his or her blood-glucose levels, if the student has written permission from his parents or guardian and a written order from his or her Connecticut-licensed physician;
2. updates and broadens the duties of a school medical advisor;
3. requires the State Board of Education (SBE) to make available curriculum and other material to help school districts offer training to students in cardiopulmonary resuscitation (CPR) and the use of automatic external defibrillators (AEDs) (§ 4); and
4. requires public schools to include a total of 20 minutes of physical exercise in each regular school day for students in kindergarten through grade five.

Finally, the bill allows only a Connecticut-licensed physician, rather than any licensed physician, to give a written order for a school paraprofessional to administer medication to a student with a medically diagnosed allergy.

\*House Amendment "A" (1) specifies the school employees who can be selected to administer emergency glucagon injections to students with diabetes and the conditions under which they may do so; (2) requires a student seeking to self-test his or her blood glucose at school to have written authorization from his or her parent or guardian; (3) eliminates the authority for an advanced practice registered nurse (APRN) to provide such a self-testing order and requires a physician who does so to be licensed in Connecticut; and (4) requires the SBE to

provide curriculum materials for school districts wishing to offer CPR and AED training rather than requiring school districts to include such training in their health curricula.

\*House Amendment "B" adds the provisions relating to students with glycogen storage disease.

EFFECTIVE DATE: July 1, 2012, except for the provisions relating to students with diabetes and plans for students with glycogen storage disease, which are effective on passage.

## **§§ 1 & 2 — STUDENTS WITH DIABETES**

### ***Blood Glucose Self-Testing (§1)***

Current law requires school boards to let diabetic students test their own blood glucose levels in school if a physician's or APRN's written order states the student needs to self-test and is capable of doing so. This bill:

1. bars a school district from limiting the times when, and locations where, such a student on school grounds can carry out the tests;
2. eliminates the authority of an APRN to give the written order and requires the physician giving the order to be licensed in Connecticut; and
3. requires the student's parents or guardian to authorize the self-testing on school grounds.

The SDE's current blood-glucose self-testing guidelines recommend that individualized health care plans for students with diabetes designate appropriate self-testing locations and specify that, once the locations are designated, testing occur only in those locations.

### ***Administering Emergency Glucagon (§ 2)***

The bill requires a school nurse or school principal to select a qualified school employee to, under certain conditions, give a glucagon injection to a student with diabetes who may require prompt

treatment to protect him or her from serious harm or death. The nurse or principal must have (1) written authority from the student's parent or guardian and (2) a written order from the student's Connecticut-licensed physician. Under the bill, such injections are given through an injector or injectable equipment used to deliver an appropriate dose of glucagon as emergency first aid response to diabetes.

Under the bill, the school nurse or principal may select any of the following as qualified school employees: a principal, teacher, licensed athletic trainer, licensed physical or occupational therapist employed by the school board, coach, or school paraprofessional. Such employees may administer the injections only if the:

1. school nurse is absent or unavailable;
2. employee has completed any annual training in how to administer glucagon injections that the school nurse and medical advisor require;
3. nurse and medical advisor attest, in writing, that the employee has done so; and
4. employee voluntarily agrees to the selection.

The school nurse must provide general supervision to the qualified employee.

Under current law, in the school nurse's absence, a principal, any teacher, a licensed athletic trainer or physical or occupational therapist who is a school employee, or an intramural or interscholastic athletic coach can give a student medicine, in an emergency or nonemergency situation. To do so, they must have (1) written authority from the student's parent or guardian and (2) written authorization from a licensed physician or dentist or a Connecticut-licensed optometrist, APRN, or physician assistant. These school personnel must follow written school board policies and state regulations in administering the medicine.

Current law also allows an identified school paraprofessional to

give medicine to a specific student, but only if the student has a medically diagnosed allergy that may require prompt treatment to protect him or her from serious harm or death. The medicine can include a standard dose of epinephrine delivered through an automatic prefilled cartridge or other injector (epipen) as an emergency first aid response to allergic reactions. The paraprofessional must have (1) written authority from the student's parent or guardian and (2) written authorization from a licensed physician or a Connecticut-licensed optometrist, APRN, or physician assistant. The paraprofessional must also have approval, and act under the general supervision, of the school nurse and school medical advisor.

### ***Immunity from Civil Damages (§ 2)***

By law, school principals, teachers, and other specified school personnel who give medicine according to the law are immune from civil damages for negligent acts or omissions, but not gross, willful, or wanton negligence in doing so. The bill extends this immunity to the emergency administration of glucagon by qualified school employees under the specified conditions.

## **§§ 501 & 502 — STUDENTS WITH GLYCOGEN STORAGE DISEASE**

### ***Guidelines and Plans for Managing Students with Glycogen Storage Disease (§ 501)***

By law, the SDE, in conjunction with DPH must develop guidelines for managing students with life-threatening food allergies and make them available to boards of education. This bill extends the guidelines to cover glycogen storage disease. It requires the departments to make the additional guidelines available to school districts by July 1, 2012.

The additional guidelines must include:

1. education and training for school personnel on managing students with life-threatening glycogen storage disease, including training in how to provide food or dietary supplements and
2. the process for developing individualized health care and

glycogen storage disease action plans for every student with the disease that include provision of food or dietary supplements to a student with the disease by (a) the school nurse or (b) any school employee approved by the nurse.

Such plans must allow the student's parent or guardian or any person they designate to provide food or dietary supplements to a student with the disease on school grounds during the school day.

By August 15, 2012, school boards must implement a plan, based on the guidelines, for students with glycogen storage disease enrolled in schools in their jurisdictions.

***Immunity from Liability (§ 502)***

The bill bars anyone from making a claim against a town, board of education, or school employee for damages resulting from the student's parent or guardian, or person they designate, providing food or dietary supplements to a student with glycogen storage disease on school grounds during the school day. To be covered by the immunity, the food or supplements must be given according to an individualized health care and glycogen storage disease action plans.

**§ 3 — DUTIES OF SCHOOL MEDICAL ADVISORS**

By law, boards of education in towns with 10,000 or more people must, and those in smaller towns may, appoint one or more legally qualified medical practitioners as school medical advisors.

This bill revises and updates school medical advisors' duties and responsibilities. It eliminates requirements that advisors (1) examine referred students, teachers, and other school staff; (2) make sanitary inspections of school buildings; (3) help enforce the Public Health Code or town sanitary regulations by deciding when students and school staff who are, or are suspected to be, sick must be excluded from, or may return to, school; and (4) interpret to school nurses and teachers factors relating to controlling communicable diseases.

Instead, it requires advisors to work with their appointing school boards and the local boards of health or health departments for their

school districts to:

1. plan and administer each school's health program,
2. advise on school health services,
3. consult on school health environments, and
4. perform other duties as agreed between the advisor and his or her appointing school board.

## **§ 5 — PHYSICAL ACTIVITY REQUIREMENT**

Under current law, each public school that enrolls students in grades K-5 must provide those students with a physical exercise period of unspecified length as part of the regular school day. The bill instead requires such schools to provide a total of 20 minutes of physical exercise during each regular school day.

### **COMMITTEE ACTION**

Education Committee

Joint Favorable Substitute Change of Reference  
Yea 32 Nay 0 (03/14/2012)

Public Health Committee

Joint Favorable  
Yea 20 Nay 6 (03/30/2012)

Appropriations Committee

Joint Favorable  
Yea 40 Nay 9 (04/23/2012)